

GP 1617  
IFW



**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Commissioner for Patents"  
P.O. Box 1450  
Alexandria, VA 22313-1450

on JULY 21, 2004

*Milton L. Honig* JULY 21, 2004  
MILTON L. HONIG Date of  
Reg. No. 28,617 Signature  
Attorney for Applicant(s)

**J6721(C)**  
**01-0505-CPI**

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Customer Number: 000201  
**Attorney Docket No.: J6721(C)**  
Applicant: Zhang et al.  
Serial No.: 10/056,968  
Filed: January 24, 2002  
FOR: THICKENER SYSTEM FOR COSMETIC COMPOSITIONS  
UNUS No.: 01-0505-CPI

Group: 1617  
Examiner: Lauren Q. Wells

Edgewater, New Jersey 07020  
July 21, 2004

**RESPONSE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The following comments are in response to the Office Action dated April 21, 2004.  
These comments are intended to advance the case to issue without delay.

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MILTON L. HONIG

Reg. No. 28,617

Attorney for Applicant(s)

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Signature

**UNITED STATES DEPT. OF COMMERCE**  
Patent and Trademark Office

**COMMISSIONER FOR PATENTS**  
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an **AMENDMENT** in the above-identified application.  
[X] No additional fee is required.

The fee has been calculated as shown below.

**CLAIMS AS AMENDED**

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 84.00	
Multiple Claims					\$ 280.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$	

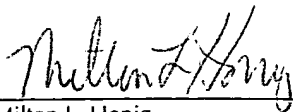
\*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

\*\*If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

[ ] Charge \$ \_\_\_\_\_ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.  
[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under  
[X] 37 C.F.R. § 1.16;  
[X] 37 C.F.R. § 1.17;  
[X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

MLH/sm  
(201) 840-2403

  
Milton L. Honig  
Attorney of Record  
Reg. #28,617